

**ORDER BY THE MEDICAL OFFICER OF HEALTH UNDER SECTION 32 of
the *HEALTH PROTECTION ACT* 2004, c. 4, s. 1.**

May 1, 2020

Update Log:

May 1: Clauses 10, 12, 13, 19, 24 and 27 (amended), Clause 29 (new)
April 23: Schedule A (amended)
April 17: Clauses 9 and 20 (amended), Schedule A (amended)
April 13: Clause 22 (amended), Clause 28 (new), Schedule A (amended)
April 9: Clause 22 (amended), Clause 24 (new)
April 8: Clause 4 (amended)
April 6: Clause 22 (amended), Clause 26 (new), Schedule A (new)
April 2: Clauses 12 and 13 (amended), Clauses 24 and 25 (new)
March 26: Clauses 22 and 26
March 25: correct section number references only. No substantive changes.

- TO:**
- 1.) All persons residing in or present in the Province of Nova Scotia;**
 - 2.) All not-for-profit and for profit businesses and organizations operating or carrying on business in Nova Scotia;**
 - 3.) All public schools under the jurisdiction of a regional centre for education or the Conseil Scolaire Acadien Provincial; and**
 - 4.) Day care facilities and family day care homes regulated under the *Day Care Act* and pre-primary programs established under the *Pre-primary Education Act***
 - 5.) Such other persons or entities as may be identified by the Chief Medical Officer of Health**

ORDER made pursuant to Section 32 of the *Health Protection Act* (Nova Scotia)

And WHEREAS Section 32 of the *Health Protection Act* states:

- 32 (1)** Where a medical officer is of the opinion, upon reasonable and probable grounds, that
- (a) a communicable disease exists or may exist or that there is an immediate risk of an outbreak of a communicable disease;
 - (b) the communicable disease presents a risk to the public health; and
 - (c) the requirements specified in the order are necessary in order to decrease or eliminate the risk to the public health presented by the communicable disease

the medical officer may by written order require a person to take or to refrain from taking any action that is specified in the order in respect of a communicable disease.

Whereas COVID-19 has been identified as a communicable disease that presents a risk to public health as defined under s.4(b) of the *Health Protection Act*, and;

Whereas I am the Chief Medical Officer of Health for the Province of Nova Scotia and am of the opinion, upon reasonable and probable grounds, that

- (a) a communicable disease (COVID-19) exists; and that there is an immediate risk of an outbreak of a communicable disease;
- (b) the communicable disease presents a risk to the public health; and
- (c) the requirements specified in the order are necessary in order to decrease or eliminate the risk to the public health presented by the communicable disease, and;

Whereas as the Chief Medical Officer of Health, I have determined it necessary to issue this Order to the Class of Persons to decrease the risk to public health presented by COVID-19

Please be advised that:

In this Order,

- (a.) “self-isolation” means the requirement of any person who has COVID-19 to remain separate from others in such places and under such conditions so as to prevent or limit the direct or indirect transmission of COVID-19.
- (b.) “self-quarantine” means the requirement of any person who has been exposed or may have been exposed to COVID-19 during its period of communicability to restrict that person’s activities in order to prevent disease transmission during the incubation period for this disease.

Please be further advised that:

I, Dr. Robert Strang, Chief Medical Officer of Health, **order** the following actions:

1. Effective March 13, 2020:

A.) Nova Scotia Public Sector Workers, including:

- a. Civil servants;
- b. Doctors and other health-care workers;
- c. Workers at a “health authority, a “hospital,” or “institution” as defined in the *Health Protection Act*;
- d. Workers in the public school system;
- e. Workers at the Workers’ Compensation Board of Nova Scotia;
- f. All others whose compensation is paid from the Province of Nova

Scotia, which includes those entities listed in Schedule 10 of the Province of Nova Scotia Public Accounts Consolidated Financial Statements for the Year Ended March 31, 2019; and

g. Such other public sector workers as may be identified by the Chief Medical Officer of Health,

B.) Students of Nova Scotia public schools c/o their parent and/or guardian; and

C.) Children who attend regulated day care facilities c/o their parent and/or guardian,

who travel or have travelled outside Canada must self-isolate or self-quarantine, as the case may be, in accordance with Clause 3.(a.) to (d.) on the day you return to Canada.

2. Effective March 15, 2020, all persons residing in or present in the Province of Nova Scotia who travel or have travelled outside Canada must self-isolate or self-quarantine, as the case may be, in accordance with Clause 3.(a.) to (d.) on the day you return to Canada.
3. Effective March 23, 2020 at 6:00 a.m., all persons residing in or present in the Province of Nova Scotia who:
 - 3.1. enter Nova Scotia; or
 - 3.2. are identified as a close contact of a person who has or has been diagnosed with COVID-19; or
 - 3.3. are identified as a person diagnosed with COVID-19; or
 - 3.4. have been tested for COVID-19 and are awaiting the results of their test

must:

(a.) Remain in self-quarantine or self-isolation, as the case may be, for:

- (i) the period commencing on the day you enter Nova Scotia if you have crossed the border into Nova Scotia as per 3.1, or
- (ii) the first day of close contact, or first day of symptoms, testing, or diagnosis as per 3.2, 3.3 and 3.4.,

and continuing thereafter for 14 consecutive calendar days or as directed by a medical officer of health.

For greater certainty, this includes remaining in your residence or residence grounds and otherwise removing yourself from the presence of others in public while you may be infectious during the period, so that any precautions necessary to protect others can be put in place. Specifically, do not enter any buildings, public transportation, or other enclosed spaces (other than your residence) where other people are present.

(b.) During the period, conduct yourself in such a manner as not to expose another person to infection or potential infection from the communicable and virulent disease, namely COVID-19, by following infection control instructions given to you on the Government of Nova Scotia's website, located at: <https://novascotia.ca/coronavirus/>, or given to you by Telehealth 811 staff, public health staff or any other staff of a healthcare facility to which you may seek or receive treatment.

(c.) After the period in Clause 3.(a.) has lapsed, you may return to your workplace or your child may return to public school or daycare, as the case may be, if you or your child, as the case may be, do not exhibit symptoms in relation to COVID-19.

(d.) You are encouraged to contact Public Health via Telehealth 811 should you exhibit symptoms in relation to COVID-19, or your employer/school/daycare if you are uncertain whether you should return to your workplace or if your child should return to public school or daycare.

4. Workers who are essential to the movement of people and goods are exempt from the requirement to self-isolate or self-quarantine set out in Clause 3.1, particularly:

(a.) healthy workers in the trade and transportation sector who are employed in the movement of goods and people across the Nova Scotia border by land, air, or water, including truck drivers, crew, maintenance and operational workers on any plane, train or marine vessel crossing the Nova Scotia border.

(b.) healthy people who have to cross the Nova Scotia land border on a regular ongoing basis to travel to work to carry out their duties, including without limitation, health care workers, community service workers including child protection workers and transition house workers, critical infrastructure workers, law enforcement and corrections workers.

(c.) people travelling into Nova Scotia for essential health services and one accompanying support person.

(d.) healthy workers employed by medical supply or pharmaceutical businesses carrying on business in Nova Scotia.

(e.) Canadian military personnel, Coast Guard and RCMP.

(f.) first responders, including police, fire and EHS paramedic workers.

(g.) fishing crews that arrive from another province and travel directly to a fishing vessel, where they remain at sea for a minimum of 14 consecutive calendar days.

5. Workers exempt under Clause 4 must practice social distancing of two metres or six feet to the best of their ability, closely self-monitor, and must self-isolate or self-quarantine should they exhibit any COVID-19 symptoms (onset of cough, fever, or shortness of breath).

6. All persons present and residing in Nova Scotia must maintain social distancing of two metres or six feet and keep social gatherings to 5 persons or less.

7. Subject to specific closures or limitations directed elsewhere in this Order, all not-for-profit and for-profit businesses and organizations operating or carrying on business in Nova Scotia may continue to operate but must implement social distancing of two metres or six feet within these workplaces.

8. Subject to specific closures or limitations directed elsewhere in this Order, any not-for-profit or for-profit business or organization carrying on business in Nova Scotia that cannot, due to its physical size, maintain the social distancing requirement set out in Clause 7 must limit the number of customers or clients on its premises to no more than 5 persons at a time.

9. For greater clarity, the 5-person rule referred to in Clause 8 does not apply to:

- (a.) businesses and organizations who can maintain social distancing requirements, including without limitation, grocery stores, pharmacies, gas stations, convenience stores, construction sites, financial institutions, agri-food and fish plants, and registered farms defined by the *Farm Registration Act*.
- (b.) Canadian Blood Services blood collection clinics.

10. For greater clarity, the social distancing requirements set out in Clause 7 and the 5-person limit set out in Clause 8 do not apply to the following entities:

- (a.) profit, not-for-profit or government operated Department of Community Services funded organizations or representatives that are covered under the *Homes for Special Care Act* and the *Children and Family Services Act* including places of safety for children and youth, and customized placements for persons with disabilities.
- (b.) profit or not-for-profit Department of Health and Wellness funded long-term care facilities licensed under the *Homes for Special Care Act* or home care agencies funded under the *Homemaker Services Act*.
- (c.) hospitals as defined in the *Hospitals Act* and a health authority as defined in the *Health Authorities Act*.
- (d.) any court operating essential services in the Province under the authority of any provincial or federal enactment, including but not limited to, a justice centre or courthouse under the authority of the *Judicature Act* or a provincial court under the authority of the *Provincial Court Act* or the *Family Court Act*;
- (e.) a place designated or established under the authority of the *Correctional Services Act* or the *Youth Criminal Justice Act* (Canada) for the supervision or custody of offenders and includes community-based correctional services.
- (f.) unlicensed child-care facilities.
- (g.) homeless shelters receiving operational grants from the Department of Municipal Affairs and Housing, and those operated by religious and other voluntary organizations.
- (h.) the following health professions who are independent practitioners engaged in community practice and are deemed necessary to provide essential services:
 - (i) physicians
 - (ii) pharmacists
 - (iii) nurse practitioners and nurses
 - (iv) continuing care workers
 - (v) home care workers
 - (vi) paramedics
- (i.) Emergency Medical Care Incorporated.

(j) persons providing care under the self-managed care program, supportive care program, care giver benefit program funded by the province of Nova Scotia.

(k) persons providing, servicing or repairing medical equipment, such as wheelchairs, red cross beds/equipment, home oxygen equipment.

(l) food production plants.

(m) fishing vessels.

(n) persons providing support under the Independent Living Support, Supported Apartment and Supervised Apartment Programs funded by the Department of Community Services.

11. In addition and for greater clarity, the social distancing requirements set out in Clause 7 and the 5-person limit set out in Clause 8 do not apply to taxi service and the following municipal entities and their contractors:

- (i) Police and Fire Services
- (ii) Municipal Utilities such as water, wastewater and stormwater
- (iii) Maintenance of utilities and municipal facilities
- (iv) Transportation
- (v) Road maintenance/repair
- (vi) Municipal ICT systems and services
- (vii) Public Transit
- (viii) Solid Waste, garbage and litter collection and disposal
- (ix) Urban Forestry
- (x) Municipal logistic, distribution, storage, inventory and repair services

12. All public schools under the jurisdiction of a regional centre for education or the Conseil Scolaire Acadien Provincial will be closed up to and including May 22, 2020 and will be reassessed thereafter.

13. All day care facilities and family day care homes regulated under the *Day Care Act* and pre-primary programs established under the *Pre-primary Education Act* centres are closed up to and including May 22, 2020 and will be reassessed thereafter.

14. Except in exceptional circumstances, all long-term care facilities and residential care facilities for persons with disabilities licensed under the *Homes for Special Care Act* will be closed to visitors and movement of its residents is restricted to the long-term care facility/residential care facilities for persons with disabilities and the grounds of the long-term care facility/ residential care facilities for persons with disabilities during the period this Order remains in effect.

15. For greater clarity, nothing in this Order prevents the:

- (i) discharge of a COVID-19 patient from a hospital to a long-term care or residential care facility;
- (ii) transfer of a COVID-19 patient from community to a long-term care or residential care facility; or
- (iii) return of a COVID-19 patient who has left a long-term care or residential care facility for healthcare services back to that facility after receiving treatment at a hospital.

16. Casino Nova Scotia (Halifax and Sydney locations) are closed effective March 16, 2020 at 12:00 a.m. and will remain closed during the period this Order remains in effect.

17. No business may operate a Video Lottery Terminal (VLT) effective March 16, 2020 and continues during the period the Order remains in effect.

18. Effective March 19, 2020:

(a.) all restaurants are prohibited from offering in-person dining service and are restricted to providing take-out and delivery service only, but any restaurant that cannot comply with the social distancing requirements set out in Clause 7 may continue to provide take-out and delivery service with minimum staffing required to maintain operations;

(b.) all drinking establishments, including bars, wineries, distillery tasting rooms and craft taprooms must close and remain closed during the period this Order remains in effect;

(c.) notwithstanding Clause 18.(b.), private liquor stores may continue to operate and craft breweries, wineries, and distilleries may continue to sell their product from their storefronts; and

(d.) all personal service and fitness establishments such as hair salons, barber shops, spas, nail salons, body art establishments and gyms must close during the period this Order remains in effect.

19. Effective May 1, 2020,

(a.) all golf courses remain closed to the public but may conduct maintenance operations of the golf course and club house; and

(b.) all drive ranges may open,

but social distancing must be practised at all times.

20. Effective March 23, 2020:

(a.) except physicians, pharmacists, nurse practitioners, nurses and paramedics all self-regulated health professions, podiatrists and ocularists engaged in private practice may provide in-person emergency or urgent care services, and may provide virtual care for non-emergency/elective care services if authorized to provide this care within their scope of practice and as established by their governing college.

(b.) except for podiatrists and ocularists, all unregulated health care providers engaged in private practice are restricted from providing in-person services and may only provide virtual care services during the period this Order remains in effect. For greater clarity this includes, but is not limited to:

- (i) Massage therapists
- (ii) Naturopathic doctors
- (iii) Chinese medicine practitioners
- (iv) Acupuncturists

(v) Any other complementary and alternative medicine practitioners

21. Effective March 21, 2020, dentists are prohibited from entering their offices and engaging in the practice of dentistry, except where it is necessary to perform an emergency dental procedure to protect the health and welfare of the patient.

22. Effective March 26, 2020, all veterinarians, including veterinary surgeons and veterinary physicians engaged in for-profit and not-for-profit practice, may provide:

(a.) in-patient emergency or urgent care services;

(b.) essential veterinary supply chain services, such as prescription refills and prescription diets; and

(c.) virtual care services if authorized to provide this care within their scope of practice and as established by their governing association,

but only veterinary surgeons and veterinary physicians engaged in not-for-profit practice may carry out spay and neuter surgeries.

23. All March Break camps scheduled in the Province for the week March 16-20, 2020 are cancelled.

24. Effective May 1, 2020, all privately operated campgrounds:

(a.) may open for seasonal lot renters (renters with fixed RVs) that do not require use of onsite amenities such washroom facilities, store, restaurant, activity center, playground or picnic tables);

but

(b.) must remain closed to non-seasonal, short-term (weekend) lot renters.

25. Notwithstanding Clause 12, effective March 31, 2020, all public schools under the jurisdiction of a regional centre for education or the Conseil Scolaire Acadien Provincial, may be opened and used by government approved businesses for the purpose of production and assembly of essential personal protective equipment (PPE) for NSHA and IWK frontline healthcare workers.

26. In addition and for greater clarity, the social distancing requirements set out in Clause 7 and the 5-person limit set out in Clause 8 do not apply to the following provincial entities and their contractors:

(i) Transportation

(ii) Road maintenance/repair

(iii) Government building construction and/or repair

27. Notwithstanding Clause 10.(a.)(b.) and in addition to Clause 14, all profit or not-for-profit Department of Health and Wellness funded long-term care facilities licensed under the *Homes for Special Care Act* and all Adult Residential Centres and Regional Rehabilitation Centres funded and licenced by the Department of Community Services under the *Homes for Special Care Act* must comply with the “COVID-19 Management Long term Care Facilities Directive Under the Authority of

the Chief Medical Officer of Health”, dated April 6, 2020, attached hereto as Schedule “A” and as updated from time to time.

28. An employer or contractor of any Temporary Foreign Worker entitled to enter Nova Scotia pursuant to the Federal Order in Council 2020-0184, 2020-0185 and Interim Order No.3, must first, before the Temporary Foreign Worker enters Nova Scotia, satisfy me, as Chief Medical Officer of Health, that the employer or contractor has made adequate provision for compliance with:

- (a.) the federal quarantine rules applicable to the Temporary Foreign Worker; and
- (b.) the self-quarantine requirements set out in Clause 3 of this Order.

In addition, the employer or contractor and the Temporary Foreign Worker must, for the duration of the entire work period in Nova Scotia:

- (a.) adhere to all applicable terms and conditions of this Order; and
- (b.) comply with any direction issued by me, as Chief Medical Officer of Health, or a medical officer of health with respect to the Temporary Foreign Worker and their employment in Nova Scotia.

29. Effective May 1, 2020, religious services may be conducted virtually (drive-in, parking lot service) based on adherence to the following conditions:

- (a.) the service is conducted over speakers or by remote radio broadcast;
- (b.) there will be no contact between cars and no transfer of materials such as communion or collection between cars;
- (c.) participants remain in their respective vehicle while “attending” the service; and
- (d.) participants practice social distancing among vehicles, such that vehicles must be at least two metres or six feet apart from each other.

30. Failure to comply with this health protection order may be considered a breach of this Order issued under the *Health Protection Act* and may result in penalties under the *Act*.

31. Any direction provided by a medical officer of health to a person, business, organization or other entity pertaining to COVID-19 and the terms and conditions of this Order must be followed.

32. Under exceptional circumstances and under the authority granted to me as the Chief Medical Officer of Health under Part I of the *Health Protection Act*, I may exercise discretion to grant an exception to any term and condition of this Order.

33. This Order remains in effect until notice is provided by myself, as Chief Medical Officer of Health, under the authority granted under Part I of the *Health Protection Act* and will be updated from time to time.

Signed:

Dr. Robert Strang,
Chief Medical Officer of Health
Nova Scotia Department of Health and Wellness

cc The Honourable Stephen McNeil, Premier of Nova Scotia
 The Honourable Randy Delorey, Minister of Health and Wellness
 Laura Lee Langley, Deputy to the Premier and Clerk of Executive Council
 Jeannine Lagassé, Acting Deputy Minister of Health and Wellness
 Dr. Gaynor Watson-Creed, Deputy Chief Medical Officer of Health, Department of Health
 and Wellness
 Tina M. Hall, Legal Counsel, Nova Scotia Department of Justice

Schedule “A”

COVID-19 Management in Long Term Care Facilities

Directive Under the Authority of the
Chief Medical Officer of Health

April 6, 2020

Revised April 22, 2020

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1.0 Introduction

The goal of COVID-19 Management in Long-term Care Facilities (LTCF) is to, as much as possible, prevent the introduction of the virus into facility and/or prevent transmission to residents and staff within the facility.

All health care workers must follow the Public Health Order issued by the Chief Medical Officer of Health (CMOH), dated March 24, 2020, and any direction arising from that Order and directives given under the authority of the Health Protection Act (HPA).

This document provides direction to health care workers (HCWs) for the prevention and control of novel coronavirus (COVID-19) in LTCFs. The foundational documents used in the development of this guidance include the [*2019-2020 Guide to Influenza Like Illness and Influenza Outbreak Control for LTCFs*](#) and [*Coronavirus Disease 2019 Infection Prevention and Control Guidelines for Long Term Care Settings*](#).

This directive is based on the latest available scientific evidence about this emerging disease and may change as new information becomes available. The Public Health Agency of Canada will be posting regular updates and related documents at <https://www.phac-aspc.gc.ca/>.

This directive applies to all LTCFs (Nursing Homes and Residential Care Facilities) licensed under the Department of Health and Wellness.

This directive uses the term **resident** to include clients residing in a Long Term Care Facility, and meeting the eligibility criteria as outlined in the Service Eligibility policy https://novascotia.ca/dhw/ccs/policies/policyManual/Service_Eligibility_Policy.pdf

This directive uses the term **staff** to include compensated employees of licensed and funded long term care facilities. Employees fulfill various functions within LTCFs, such as but not limited to: direct care, support services, and administration.

This directive uses the term **essential visitors** to include health care workers not employed by the service provider, such as but not limited to:

Paramedics, occupational therapists, physiotherapists, primary care providers and oxygen therapists.

Essential visitors will also include support service vendors such as but not limited to: Canada Post, supply deliveries, IT, regulator authorities (Office of the Fire Marshal, Nova Scotia Environment, Licensing).

2.0 Preventing the introduction of COVID-19 into the LTCF

2.1 Screening, Monitoring and Active Surveillance

- Active screening of all **staff, essential visitors** and anyone else entering the facility:
 - Document active daily symptom screening [**fever (temperature of 37.8°C or greater or signs of fever), cough (new or worsening), sore throat, runny nose, headache, any new or worsening respiratory symptoms (cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat or difficulty swallowing), any new onset of atypical symptoms including but not limited to chills, muscle aches, diarrhea, malaise or headache)**].
 - Screening of all staff (including temperature checks) must occur at least once daily at the beginning of shift, and twice per shift if operationally feasible. If staff become symptomatic in the workplace, they should immediately perform hand hygiene, ensure that they do not remove their mask, inform their supervisor, avoid further resident contact and go home to isolate.
 - Staff with any symptoms should be tested for COVID-19 and excluded from work.
 - A summary of daily staff monitoring must be sent to local Public Health. A template document is found here:
<https://novascotia.ca/dhw/populationhealth/covid-19-documents.asp>
- Active screening of all **residents**:
 - Document active screening (at least daily, and twice per day if operationally feasible, including temperature checks) for early identification of any resident with [**fever (temperature of 37.8°C or greater or signs of fever), cough (new or worsening), sore throat, runny nose, headache, any new or worsening respiratory symptoms (cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat or difficulty swallowing), any new onset of atypical symptoms including but not limited to chills, muscle aches, diarrhea, malaise or headache)**].
 - Any of these symptoms will prompt immediate testing for COVID-19 and outbreak management measures.
 - A summary of daily resident monitoring must be sent to local Public Health. A template document is found here:
<https://novascotia.ca/dhw/populationhealth/covid-19-documents.asp>

The goal of active screening is to have a very low threshold for detection of COVID-19 cases. Recognizing that in the LTC population, clear symptoms and signs do not always present in the same way.

Testing may be appropriate in these circumstances based on clinical knowledge and judgment of these residents.

2.2 New Admissions and Re-admissions

For information about admissions and transfers of residents during a COVID-19 outbreak, refer to [Section 4.4](#)

New admissions, re-admissions and those residents returning from essential medical appointments must be screened for symptoms and potential exposure to COVID-19.

- Prior to a resident returning from a healthcare facility, the LTCF must determine if the resident has been suspected, tested, or diagnosed for COVID-19 and if so, what measures may be required.
- All admissions must be tested for COVID-19. For testing information please refer to [Section 3.3](#).
- All admissions must complete a period of 14 days isolation (contact/droplet precautions) within the LTC facility, unless otherwise determined by Public Health.
- For those residents returning from a medical appointment, staff must perform a risk assessment to determine exposure risks during transport and while at the appointment (clinic/hospital/office).
- For greater clarity, the Order by the Medical Officer of Health (March 24, 2020) does not prevent the:
 - discharge of a COVID-19 patient from a hospital to a long-term care or residential care facility.
 - transfer of a COVID-19 patient from community to a long-term care or residential care facility; or
 - return of a COVID-19 patient who has left a long-term care or residential care facility for healthcare services back to that facility after receiving treatment at a hospital.

2.3 Managing Essential Visitors

As LTCFs are now closed to visitors, accommodation should only be considered for essential visitors who are visiting very ill or palliative residents (compassionate exception), or those who are performing essential support care services for the resident (i.e., similar to a personal support worker). If an essential visitor is traveling from out of province, they need to contact local Public Health to discuss if an exemption to the requirement to isolate/quarantine may be granted and instructions on how to isolate/quarantine for remainder of time in Nova Scotia.

- Essential visitors must be limited to one person at a time for a resident (compassionate exceptions to be considered on a case by case basis)
- Essential visitors must be screened on entry for illness including temperature checks
- Essential visitors must only visit the one resident and no other residents
- Staff must support the essential visitor in identifying and appropriately using personal protective equipment (PPE)

2.4 Social Distancing

As per the Order by the Medical Officer of Health (March 24, 2020):

- All efforts to maintain social distancing must be made. Examples of social distancing include, but are not limited to; staggering meal times, maintaining physical distance of two metres or six feet, limiting group activities to less than 5 people total inclusive of staff supporting activity.
- Staff while working within the facility providing resident care are exempt from social distancing requirements.

2.5 Environmental Management

- Enhanced environmental cleaning and disinfection regimens are required. This includes frequent (twice daily) cleaning and disinfection of high-touch surfaces.
- Hospital-grade disinfectants with a drug identification number (DIN) must be used in accordance to the manufacturers' instructions.
- Laundry and waste disposal protocols are as per facility routine practices.

2.6 Resident Care Equipment

Any equipment that is shared between residents must be cleaned and disinfected, as per facility routine practices, before use on or by another resident.

3.0 Identification of COVID-19

3.1 Suspect Covid-19 Outbreak

In the context of the pandemic, a **single** case in a resident or staff with any the following symptoms: **fever (temperature of 37.8°C or greater or signs of fever), cough (new or worsening), sore throat, runny nose, headache, any new or worsening respiratory symptoms (cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat or difficulty swallowing), any new onset of atypical symptoms including but not limited to chills, muscle aches, diarrhea, malaise or headache)** in a LTCF, meets the definition for a 'suspect outbreak' and must prompt outbreak control measures associated with a suspect respiratory infection outbreak.

3.2 Notification

- Notification of the following agencies must occur **immediately**:
- Public Health: **8:30 am – 4:30 pm 7 days/week** – notify local Public Health as per regular reporting process. **After hours until 10 pm**, please notify the MOH on call (through Central Zone Location – 902-473-2222). **After 10 pm**, please notify local Public Health the next day.
- Placement Office in their area
- Investigation and Compliance (Licensing) office, Continuing Care, DHW by email to the following address: DHWICO@novascotia.ca
- Medical Director of facility
- During contact tracing discussions with Public Health, staff must report all facilities they

- have worked in during the 14 days preceding symptom onset.
- During contact tracing discussions Public Health must be notified of resident transfers during the 14 days preceding symptom onset.

3.3 Testing (also see [Appendix A](#))

- Collect samples from up to 3 different symptomatic residents as soon as influenza-like-illness (ILI) or COVID-19 is suspected. Refer to Appendix A for detailed instructions for how to collect samples.
- Notify local PH to obtain an outbreak number to be included on lab requisitions and specimens. If for any reason it is not possible to obtain an outbreak number, please clearly indicate “Suspect COVID Outbreak” on the lab requisition.
- In the context of the COVID-19 pandemic, all cases with symptoms compatible with COVID-19 (refer to [Section 2.1](#)) in staff or residents of a LTC facility must continue to be swabbed and tested for COVID-19 even if another pathogen is identified, to detect any new entry of COVID-19 into the facility.
- While swabbing must continue for all symptomatic residents to test specifically for COVID-19, any swabs beyond the first 3 cases will not be tested for Influenza A/B and RSV.
- Upon one positive COVID-19 result, determination of additional testing will be in consultation with local Public Health. To facilitate prioritization at the lab, samples should be sent as a batch and clearly labelled with the name of the facility in addition to the patient identifiers.

Should the facility have challenges around obtaining testing materials or arranging testing of staff, support is available to assist in testing on site. Contact local Public Health.

4.0 Outbreak Control Measures

Use the measures outlined below **as soon as** a resident or staff exhibits **any** of the following symptoms: **fever (signs of fever), cough (new or worsening), sore throat, runny nose, headache, any new or worsening respiratory symptoms (cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat or difficulty swallowing), any new onset of atypical symptoms including but not limited to chills, muscle aches, diarrhea, malaise or headache**). Implement additional precautions upon symptom onset and continue using them until advised by Public Health. Do not wait for lab results to begin additional precautions.

4.1 Signage

- Signage must be posted at all entrances and exits throughout the facility to advise staff and essential visitors, that an outbreak has been declared in the unit/facility.
- Signage must include instruction for cleaning hands when entering and exiting the facility, reminders that ill visitors must not visit, and that visitor restrictions are in effect e.g. non-essential visits must be postponed

4.2 Line Listing

Public Health will support the development of a line list. Update the line list daily and send to Public Health. A template document (residents and staff) can be found here: <https://novascotia.ca/dhw/populationhealth/covid-19-documents.asp>. There should be regular communication between the facility and Public Health to monitor the progress of the outbreak.

4.3 Cohorting of Staff and Residents

Residents

For **symptomatic** residents, **asymptomatic lab-confirmed cases** and **their close contacts**, restrict contact as much as possible until the isolation measures can be lifted as per Public Health direction. This includes:

- Placing residents in private rooms, or if that is not possible, placing symptomatic residents/lab-confirmed cases with other symptomatic residents/lab-confirmed cases. If this is not possible, maintain a two-meter distance between residents with symptomatic/lab-confirmed cases and others. Use of partitions, like curtains, must be used if available.
- Serving meals in the resident's room, or floor/unit/ward.
- Further restricting participation in any group activities.
- Droplet and contact precautions must be used when providing direct care to the resident or when within 2 metres of the resident.
- A sign must be visible on the resident's door or in the resident's bed space that indicates the resident requires droplet and contact precautions. The sign should not disclose the resident's confirmed or suspect diagnosis.
- Wearing a mask when staff or essential visitor is in the room.

For **all** residents:

- Minimize contact between residents on affected floors/units/wards with unaffected areas.
- Remind patients/residents to wash hands thoroughly and immediately report any symptoms.
- Cancel or reschedule appointments that do not risk the health or well-being of the resident until the outbreak is declared over.
- Reinforce hand hygiene and respiratory hygiene practices.

Staff

- Cohort staff as strictly as possible e.g. staff working with symptomatic residents must avoid working with residents who are well.
- Practice strict hand hygiene between residents at all times.
- Staff working within facilities experiencing a COVID-19 outbreak must not work at a non-outbreak facility.

- If dedicated staff for sick residents is not available, staff must first work with the well/asymptomatic and then move on to care for the ill/symptomatic and avoid movement between floors and units where possible.
- For LTC facilities experiencing staffing issues as a result of a COVID-19 outbreak, the following approach is supported in consultation with Public Health.
 - Cohorting of staff/staffing assignments must be reviewed to maximize the utilization of existing staff. Ensure as much as possible that unexposed staff work with unexposed residents, and exposed staff work with exposed residents.
 - As a second measure, exposed staff may continue to work under 'work quarantine/work isolation' measures described below.
 - As a last resort, external staff may be deployed to work in the facility, with strict attention given to cohorting.
 - If external staff are required to manage and outbreak, the following approaches are to be taken:
 - Prior to returning to work in a facility that is not experiencing an outbreak, staff complete 14 days of self-isolation.
 - If this is not possible due to staffing pressures in the non-outbreak facility, exposed staff may return to work by following the work quarantine/isolation measures described below.

Work-quarantine (work-isolation) is implemented for staff who are asymptomatic but have had a high-risk exposure.

- Work-quarantine is implemented for staff who are deemed critical, by all parties, to continued operations, and it is therefore unfeasible to exclude the worker for the 14 days of quarantine following a high-risk exposure.
- All requirements must be met:
 - Staff is asymptomatic
 - Staff completes regular twice daily screening of temperature and symptoms
 - Staff must immediately leave the workplace if symptoms develop and self-identify to OHS or supervisor
 - Staff must wear a mask during their shift
 - Appropriate PPE must be worn when interacting with patients
 - Proper hand hygiene must be followed
 - Staff must not work in another facility
 - Self-isolation measures must be maintained outside of the workplace

4.4 During Outbreak: Admissions and Transfers

- There should be no new admissions, transfers or outside medical appointments during an outbreak; however, this may not always be feasible.
- The return of a hospitalized resident must be discussed with Public Health to consider the resident's past COVID exposure, testing history and disease status. This information will determine if and where within a facility the resident should be placed and the public health measures to be implemented.
- For those residents returning from a medical appointment, staff must perform a risk assessment to determine exposure risks during transport and while at the appointment (clinic/hospital/office).
- All admissions must be tested for COVID-19 (refer to [Section 3.3](#)) and complete a period of 14-day isolation/quarantine within the LTCF, unless otherwise determined by Public Health.

If transfer to the hospital or another facility is necessary, notify the hospital/other facility and Emergency Health Services (EHS) of the outbreak situation. If the resident requiring transfer is symptomatic, EHS should be notified prior to pick-up that the resident will require droplet/contact precautions

4.5 Declaring the Outbreak Over

The outbreak will be declared over through direction from Public Health.

Appendix A

Important Laboratory Information

Diagnosis of respiratory viruses depends on the collection of high-quality specimens, their rapid transport to the lab and appropriate storage. See sections below for specific laboratory requirements.

Viral Collection Kits

- Viral collection kits are available at local/regional hospital labs. The preferred swab is nasopharyngeal, however, given limited supplies we have validated an alternative Aptima multi test swab for nares and throat specimen. This swab should NOT be used for nasopharyngeal sampling (NPS).
- The viral collection kits contain two swabs. In addition to the regular swab that was used in the past, the kit contains a smaller caliber, more flexible swab with a flocked head that should make collecting a nasopharyngeal sample easier.
- Nasopharyngeal – Collection instructions may be found in [Appendix B](#). Also see video: <https://www.youtube.com/watch?v=TFwSefezlHU>. **During this procedure, adhere to droplet and contact precautions.**
- Throat/nares – Use the Aptima Swab for this collection (see video: <https://vimeo.com/397169241> and collection instructions found in [Appendix C](#).) **During this procedure, adhere to droplet and contact precautions.**
- Ensure the swab has not expired, as specimens received in expired containers will not be processed.

Testing Information

- Nasopharyngeal or throat/nares swabs for COVID-19 testing should be obtained as soon as a respiratory outbreak is suspected in patients that satisfy the screening criteria or are contacts of confirmed cases of COVID-19. Residents who initially test negative but develop worsening symptoms should have swabs repeated.
- If residents present with new symptoms after the outbreak has ended, repeat testing is appropriate.
- Ensure the lab specimen and the requisition indicates the name of the facility involved and the outbreak number from Public Health. If an outbreak number is not available, clearly indicate “Suspect COVID outbreak” on the requisition.
- You must notify the local PH office whenever there is a possible outbreak; do NOT delay notifying PH while awaiting the results of swabs. Ensure your lab requisition indicates the “Name of Facility”, “Suspect COVID Outbreak” and “Public Health Outbreak Number” if provided by Public Health.
- COVID testing services are available at the QEII Health Sciences Centre (QEII).
- Outbreaks in LTC should be communicated with the laboratory and Public Health, and the swabs be shipped as soon as possible.

Specimen Collection and Handling

Appropriate specimen types common in LTCFs:

- Nasopharyngeal swab
 - The procedure for obtaining a nasopharyngeal swab is the same as for routine ILI swabs. **The exception is that during this procedure you must adhere to droplet and contact procedures.**
 - An instructional video is available at: <https://www.youtube.com/watch?v=TFwSefezIHU>.
 - Collection instructions found in [Appendix B](#).
- Throat/nares swab
 - An instructional video is available at: <https://vimeo.com/397169241>.
 - Collection instructions found in [Appendix C](#).

Labeling of Specimens:

- Ensure specimen label (and requisition) includes two unique identifiers. One identifier must be the resident's legal name along with the date of birth and the other can be the provincial health card number/ registered health card equivalent, medical record number, passport number or private insurance policy number.
- Ensure specimen container has not expired. Specimens in expired containers will not be processed by the lab.

Filling in the Requisition – Complete All Parts and Add the Following:

- Ensure specimen requisition (and label) also includes the same two unique identifiers.
- Ensure the collection date & time are indicated.
- Indicate that the test is for COVID-19 (tests for influenza will be at the discretion of Public Health).
- Indicate if the specimen is part of an outbreak. Write “Name of Facility”, “Suspect COVID Outbreak” and “Public Health Outbreak Number” if provided by PH.
- Ask results to be copied to the MOH and to the resident's family physician and/or medical director.

Shipping Specimens:

- Specimens must be collected and transported to the QEII laboratory or the local/regional hospital laboratory as soon as possible and within 24 hours.
- Specimens must remain at 4°C and be shipped as soon as possible.

COVID Result Inquiry:

- Results for COVID testing should be available from 24 hours after receipt of the specimen in the QEII laboratory.
- All results should be available in SHARE portal.
- QEII laboratory testing site: Central Lab Reporting 902-473-2266.

Appendix B



COLLECTION INSTRUCTIONS OF A NASOPHARYNGEAL SWAB FOR RESPIRATORY VIRUSES Date: 2020-04-08

INSTRUCTIONS FOR THE COLLECTION OF A NASOPHARYNGEAL SWAB FOR RESPIRATORY VIRUSES

Container		Store Before Collection	Store After Collection
Nasopharyngeal Swab Collection kit		Room Temperature	*Refrigerate

HOW TO COLLECT THE SAMPLE or view online <http://www.youtube.com/watch?v=TFwSefezIHU>

1. Use the swab supplied with the viral transport media.
2. Explain the procedure to the patient.
3. When collecting the specimens, wear eye protection, gloves, gown and a mask. Change gloves and wash your hands between each patient.
4. If the patient has a lot of mucus in the nose, this can interfere with the collection of cells. Either ask the patient to use a tissue to gently clean out visible nasal mucus or clean the nostril yourself with a cotton swab (e.g. Q-Tip).
5. How to estimate the distance to the nasopharynx: prior to insertion, measure the distance from the corner of the nose to the front of the ear and insert the shaft **approximately 2/3 of this length**.
6. Seat the patient comfortably. Tilt the patient's head back slightly to straighten the passage from the front of the nose to the nasopharynx to make insertion of the swab easier.
7. Insert the swab provided along the medial part of the septum, along the floor of the nose, until it reaches the posterior nares; gentle rotation of the swab may be helpful. (If resistance is encountered, try the other nostril; the patient may have a deviated septum.)
8. Allow the swab to sit in place for 5-10 seconds.
9. Rotate the swab several times to dislodge the columnar epithelial cells. *Note: Insertion of the swab usually induces a cough.*
10. Withdraw the swab and place it in the collection tube.
11. Refrigerate immediately.
12. Remove gloves.
13. Wash hands.
14. Attach completed requisition.
15. Transport to the laboratory.

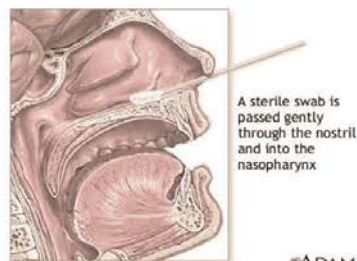


Image obtained from <http://www.nlm.nih.gov/medlineplus/ency/imagepages/9687.htm>

MAKE SURE THE SPECIMEN LABEL INCLUDES

- Patient's legal name and date of birth
- Patient's Health Card Number or another unique identifier (as determined by healthcare provider)
- Date and time of collection

MAKE SURE THE REQUISITION FORM INCLUDES

- Patient's legal name
- Patient's Health Card Number or another unique identifier (as determined by healthcare provider)
- Date and time of collection
- Patient's date of birth
- Physicians full name, address and physician registration number

Note: If the specimen and requisition are not labelled correctly, the specimen will not be processed.

DELIVER THE SPECIMEN

Delivery of sample(s) to the regional laboratory should occur within 4 hours from time of collection. *If transportation is delayed beyond 4 hours, the specimens should be refrigerated and transported to the laboratory using a cooler with ice packs. Transport logistics needs to be maximized to ensure that specimens are received by the QEII laboratory within 24 hours.

Appendix C

During limited supply of Viral Transport Media for Nasopharyngeal collections, the following alternate instructions for the collection of Throat and Nares with the Aptima® Multitest Swab Specimen Collection Kit.

INSTRUCTIONS FOR THE ALTERNATE COLLECTION OF A THROAT AND NARES SWABS FOR COVID-19				
Container		Specimen Source	Store Before Collection	Store After Collection
Aptima® Multitest Swab Specimen Collection Kit		Throat and Nares to be collected from the single swab. DO NOT USE this swab for Nasopharyngeal collection	Room Temperature	*Refrigerate

HOW TO COLLECT THE SAMPLE (see [video link](#))

1. Explain the procedure to the patient.
2. When collecting the specimen, wear eye protection, gown, gloves, and a mask. Change gloves and wash your hands between each patient. Partially open the swab package and remove the swab. Do not touch the soft tip or lay the swab down. Have the patient tilt their head backwards, open their mouth, and stick out their tongue. Use a tongue depressor to hold the tongue in place.
3. Hold the swab, placing the thumb and forefinger in the middle of the shaft covering the black score line. Do not hold the shaft below the score line.
4. Without touching the sides of the mouth or tongue, use the swab to swab the posterior oropharynx. Using the same swab ask the patient to tilt his/her head back. Insert the swab approximately **1-2 cm into each nostril**. Rotate the swab inside of the nostril for 3 seconds, covering all surfaces.
5. While holding the swab in your hand, unscrew the tube cap (foil top). Do not spill the tube contents. Immediately place the swab into the transport tube so the black score line with the top edge of the tube and carefully break the shaft. The swab will drop to the bottom of the vial. **DO NOT FORCE THE SWAB THROUGH OR DO NOT PUNCTURE THE FOIL CAP.**
6. Discard the top portion of the shaft. Tightly screw the cap onto the tube.
7. Refrigerate immediately.
8. Remove gloves and wash hands.
10. Attach completed requisition and transport to the laboratory.



MAKE SURE THE SPECIMEN LABEL INCLUDES

- Patient's legal name and date of birth
- Patient's Health Card Number or another unique identifier (as determined by healthcare provider)
- Date and time of collection

MAKE SURE THE REQUISITION FORM INCLUDES

- Patient's legal name and date of birth
- Patient's Health Card Number or another unique identifier (as determined by healthcare provider)
- Date and time of collection
- Physicians full name, address and physician registration number

Note: If the specimen and requisition are not labelled correctly, the specimen will not be processed.

DELIVER THE SPECIMEN -

Delivery of sample(s) to the regional laboratory should occur within 4 hours from time of collection. *If transportation is delayed beyond 4 hours, the specimens should be refrigerated and transported to the laboratory using a cooler with ice packs. Transport logistics needs to be maximized to ensure that specimens are received by the QEII laboratory within 24 hours.

